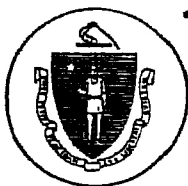


**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
EARLY INTERVENTION OPERATIONAL STANDARDS**

**Appendix B**

**Interagency Agreements**

The Commonwealth of Massachusetts • Department of Education  
• Executive Office of Health and Human Services • Department of Public Health



U. S. Department of Health & Human Services  
Administration for Children and Families • Region 1



TO: Superintendents of Schools  
Special Education Directors  
Early Intervention Program Directors  
Head Start Directors  
Child Care Directors  
Child Care Resource & Referral Agencies  
Advocacy Organizations  
Parent Advisory Councils

FROM: Robert V. Antonucci, Commissioner, Department of Education *RA*  
David H. Mulligan, Commissioner, Department of Public Health *DM*  
Susan L. Costello, Interim Secretary, Executive Office of Health & Human Services *SC*  
Hugh Galligan, Administrator, Region 1 Office of the Administration for Children and Families

DATE: November 30, 1994

RE: Interagency Policy on Early Childhood Transitions

Over the course of the last year representatives from the Department of Education, the Department of Public Health, Head Start and Child Care worked together to revise the *Policy on Early Childhood Transitions*, which has been in effect since 1990. The policy was revised after eliciting input from the public through regional forums and written comment on the proposed draft Amendment to the policy. Implementation of the enclosed *Policy of Early Childhood Transitions* will take effect immediately.

The most significant change to the 1990 policy is related to the transition of children who turn three in the late spring and summer. The policy now requires that a child in an Early Intervention program who is eligible for special education services has an Individualized Education Plan (IEP) developed by the child's school district in place, with special education services provided by the school district in accordance with the IEP, commencing on the child's third birthday.

The goal of the policy continues to be the provision of a smooth transition for young children moving from state sponsored Early Intervention programs to community early childhood programs.

We support the premise the policy is based on: that local service providers, who know the children, their families and the services available, are most effective in developing specific procedures and activities to assure a smooth transition for the child and the family.

The purpose of the policy is to provide a framework for collaboration and for joint planning for the transition of young children, with or at risk of special needs, among local agencies that provide services to young children and their families. We support the concept of collaboration and stress the need for ongoing communication and the use of local interagency councils to carry out the transition process.

Because we believe that all agencies concerned with young children should assume joint responsibility for the methods and means of implementing this policy at both the local and state level, a lead agency is not specified. Effective implementation of the policy is an important step towards developing a seamless system of services for young children.

If you have any questions regarding the policy or need assistance in implementing the policy please contact Ron Behanm, Director of Early Intervention Services, Department of Public Health at (617) 624-5969 or Elisabeth Schaefer, Administrator of Early Learning services, Department of Education at (781) 388-3300, Ext. 341.

ADDENDUM TO AGREEMENT  
BETWEEN THE MASSACHUSETTS DEPARTMENT OF EDUCATION,  
REGION 1 OFFICE OF THE ADMINISTRATION FOR CHILDREN AND FAMILIES,  
THE MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES,  
AND THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

CONCERNING INTERAGENCY DISPUTE RESOLUTION  
RELATING TO EARLY CHILDHOOD TRANSITIONS

The Department of Education, the Region 1 Office of the Administration for Children and Families, the Executive Office of Health and Human Services and the Department of Public Health are committed to facilitating smooth transitions for young children with or at risk of having special needs and their families.

The purpose of this memorandum of agreement is to outline procedures to be followed by the signatory parties to the Policy on Early Childhood Transitions should disputes arise.

1. The Department of Public Health assures that in the event of a dispute among public agencies regarding responsibility for payment for early intervention services, the Department of Public Health shall assume responsibility for such payment consistent with M.G.L. 111G;

2. The Department of Education (DOE), the Region 1 Office of Administration for Child and Families (ACF), and the Department of Public Health (DPH) shall be responsible for resolving their own internal disputes in a timely manner. Internal agency disputes which are not resolved in a timely manner and intra-agency disputes shall be referred to a committee consisting of the Chairpersons of the Interagency Coordinating Council, the Early Childhood Advisory Council, the Regional Head Start Program Manager, the Director of Early Learning Services at the Department of Education and the Director of Early Intervention Services at the Department of Public Health. Decisions made by this committee shall be final and shall be binding upon DOE, ACF and DPH. The procedures to be utilized by this body are as follows:

- a. The DPH shall convene this committee for the purpose of dispute resolution within 10 days of identification of the disputed action.
- b. Participating parties shall resolve disputes by consensus. If consensus is not rendered by stated parties within a one month time frame, a simple majority vote shall be taken.

This agreement shall be effective upon the Commonwealth of Massachusetts' participation in the ninth and succeeding years of participation under P.L. 102-119, Part H.

This agreement may be amended through negotiations between the signing parties.

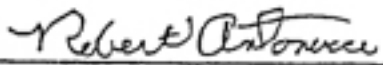
Robert V. Antonucci 7/26/95  
Robert V. Antonucci Date  
Commissioner  
Department of Education

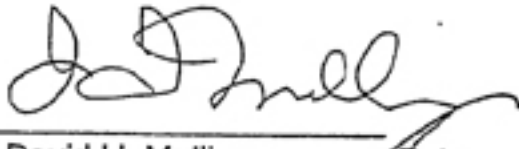
David H. Mulligan 7/26/95  
David H. Mulligan Date  
Commissioner  
Department of Public Health

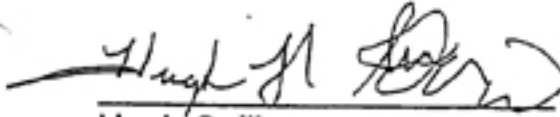
Hugh H. Galligan 7/24/95  
Hugh Galligan Date  
Administrator  
Region 1 Office of the  
Administration for Children and  
Families

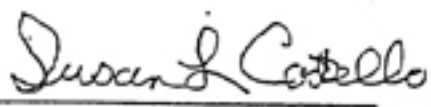
Gerald Whitburn 7-27-95  
Gerald Whitburn Date  
Secretary  
Executive Office of Health  
and Human Services

In acknowledgement of the importance of establishing comprehensive, well-defined procedures for coordinating the transitions of young children and their families as they move from one service agency to another, I endorse this policy and the concept of interagency collaboration.

 11/28/94  
\_\_\_\_\_  
Robert V. Antonucci      Date  
Commissioner  
Massachusetts Department of Education

 \_\_\_\_\_  
David H. Mulligan      Date  
Commissioner  
Massachusetts Department of Public Health

 11/28/94  
\_\_\_\_\_  
Hugh Galligan      Date  
Administrator  
Region 1 Office of the Administration for  
Children and Families

 11/30/94  
\_\_\_\_\_  
Susan L. Costello      Date  
Interim Secretary  
Massachusetts Executive Office of  
Health & Human Services

# **POLICY ON EARLY CHILDHOOD TRANSITIONS**

Massachusetts Department of Public Health  
Massachusetts Department of Education  
Region 1 Office of the Administration for Children & Families  
Massachusetts Executive Office of Health and Human Services

## FOREWORD

The Department of Education, the Department of Public Health, the Executive Office of Health and Human Services and the Region 1 Office of the Administration for Children and Families are committed to facilitating smooth transitions for young children with or at risk of having special needs and their families.

This policy has been written by the Massachusetts Department of Education and the Department of Public Health, and is supported by the Executive Office of Health and Human Services, and Head Start (Region 1 Office of the Administration for Children and Families). This policy is based on the idea that local service providers, who know the children, their families, and the services available, are most effective in developing procedures and activities to support the child and the family during transitions. The purpose of this policy is to provide a framework for increased collaboration and joint planning for transitions among agencies serving young children.

## TRANSITION POLICY

Comprehensive, well-defined procedures for coordinating the uninterrupted transition from an infant-toddler program to a preschool age program, and then to a kindergarten program, are essential to the educational adjustment and development of a young child with special needs and the well-being of the child's family.

Building upon what has been learned through various initiatives across the state, this policy has been developed to address transitions during the early childhood period. It is designed to have a positive impact on planning, delivery and evaluation of transition practices and to increase the comprehensiveness and usefulness of transition procedures. The intent of this information is not to mandate any one set of transition procedures but to provide guidelines in three targeted areas for local level decision-makers to address as they develop transition plans. These areas of focus include the CHILD, the FAMILY and the AGENCIES.

We support the concept of collaboration as well as the use of existing interagency councils in carrying out the transition process. Because we believe early childhood agencies should assume joint responsibility for the methods and means of implementing this policy at both the local and state levels, a lead agency has not been specified in this document.



## FOCUSING ON THE CHILD

For the child, a collaboratively developed transition plan should decrease disruption and gaps in services and enhance the child's adjustment to new settings. Identification of adaptive equipment needs and classroom modifications, opportunities to visit new programs prior to entry, as well as joint assessments and observations, will facilitate the child's ability to participate in the new setting.

Guidelines to enhance a child's transition to the new setting(s) include the following:

- Establish a process which involves parents (\*) as well as staff from both the sending and receiving agencies in identifying what is known about the child, what needs to be known, and procedures for gathering further information to avoid duplication of assessments, evaluations, and resources.
- Identify and plan for all adaptive equipment and transportation needs in the receiving program(s).
- When possible and appropriate, arrange for teachers or other appropriate staff persons from the receiving program(s) to observe the child in the sending program's setting and encourage sharing of information about a child's strengths and needs, as well as effective teaching and adaptive strategies by parents and teachers.
- Devise activities to assist the child in adjusting to the new settings, such as arranging pre-placement visits for the child, and arranging for parents, therapists or other appropriate staff persons to observe and/or visit.

(\*)Where the word "parent" appears, it should be considered to apply equally to the legal guardian.

## FOCUSING ON THE FAMILY

For the family, a collaboratively developed transition plan will provide ongoing opportunities for parent involvement. A plan that accommodates the needs and preferences of parents, and defines the process for meeting the needs of their child during the transition to new programs, will alleviate the anxiety and stress that frequently accompany change.

Recognizing that parents are the most effective advocates for their children, both sending and receiving agencies should include the following components in involving families:

- Involve parents in jointly designing and providing parent training. Training activities need to address the following issues:
  - Referral information and eligibility requirements for community early childhood programs
  - The federal Individuals with Disabilities Education Act
  - The Massachusetts Special Education Law
  - Rights and responsibilities of parents under state and federal special education laws
  - Community resources for advocacy and support
  - Other subjects identified by parents
- Training should be offered as needed, and may include representatives from parent training and advocacy groups, parents who have been through similar transitions with their children, and representatives from the range of local agencies that provide services to young children.
- Offer an opportunity for parents to visit preschool settings which are possible options for the child's future placement.
- Offer an opportunity for parents to meet with both the sending and receiving program staff to share information, answer questions and discuss what and when specific events will occur in the transition process.
- Once placement in the receiving program has been established, a plan should be developed for ongoing family involvement which is culturally sensitive to and consistent with each family's needs and preferences.

## FOCUSING ON AGENCIES

For agencies, a collaboratively developed transition plan helps to promote positive, cooperative interactions. Such a plan will facilitate a smooth transition process, with local agencies sharing the responsibilities involved, thus minimizing the burden of the process on any single agency. As agencies begin to collaborate, problems may arise; however, ongoing communication and formal planning among agencies serving young children will increase both knowledge and appreciation for each other's services as well as diminish duplication of effort.

A transition process reflecting the principles in this document should be developed to provide a framework for all sending and receiving agencies (\*) serving children having or at risk of having special needs from birth to five, and include the following:

- Plan regular joint meetings (quarterly, semi-annually, etc.) to review up-to-date information on the Comprehensive Special Education Law (Chapter 766), the Act Relative to Early Childhood Intervention Services (Chapter 111G), and other relevant legislation and developments, such as the Early Intervention Operational Standards (DPH). Joint meetings should also identify and address any existing gaps in services.
- Whenever possible, agencies are encouraged to invite staff from other agencies to participate in training.
- Plan for the sharing of responsibilities and resources among sending and receiving agencies and parents on an ongoing basis. Develop and implement a collaborative transition plan which addresses the concerns of children and families.
- Sending programs will provide information annually about children who may need Chapter 766 services to school districts in a way which will ensure the confidentiality of information about families. Early Intervention programs are responsible for making referrals of specific children at least 6 months prior to the child's third birthday.
- A child in an Early Intervention program who is eligible for special education services must have an Individualized Education Plan (IEP) developed by the school district in place, with special education services provided by the school district in accordance with the IEP, commencing on the child's third birthday.
- The Department of Education supports the initiation of the process of transition at two years, six months. To eliminate possible breaks in services for a child transitioning from an Early Intervention program, direct services must begin in accordance with the signed individualized education plan (IEP) no later than a child's third birthday. For planning purposes, sending agencies should contact special education directors to plan the use of community placements well before these programs have reached capacity.

(\*) Sending and receiving agencies may include, but are not limited to child care, Early Intervention, Head Start, public/private preschool and kindergarten programs.

Please see:

Appendix A for guidelines to assist agencies in implementing the policy.  
Appendix B for steps to follow in interagency planning.

## CONCLUSION

As change can be stressful for everyone involved, transition activities should be sensitive to problems that families and children face. They should also facilitate children's ability to participate in new settings, and encourage interagency planning.

The intensified efforts to identify and serve children who have special needs or who are at risk of having special needs mandated under the Individuals with Disabilities Education Act, has generated the need for substantial growth in programs serving young children birth through five. Agencies serving young children will need to expand to accommodate this growth in population. Now, more than ever, the Department of Education, Department of Public Health, Head Start, child care and other agencies need to work together to plan and provide effective services to young children and their families. A carefully planned transition process should benefit children with special needs, their families and agencies, and facilitate the education of children in the least restrictive environment.

### Rejection of an IEP:

- School districts are encouraged to conduct the TEAM evaluation for each child referred by an Early Intervention program as soon as possible after the child turns two years and six months old. The parties then have ample time to plan a smooth transition for the child from one program to another, and to resolve any dispute over the IEP before the child turns three.
- The child's parents may reject the IEP proposed by the TEAM or a finding that the child is not in need of special education, and may request mediation or a hearing before the Bureau of Special Education Appeals. While the mediation or hearing process is pending, a child who has turned three and has been found to need special education shall be placed in an appropriate interim program as determined by agreement between the school district and the parents. The school district is responsible for the cost of the child's interim education program. If the school district and the parents do not agree on an interim placement or on whether the child needs special education, either party may request a hearing before the Bureau of Special Education Appeals, which has authority to select an interim placement for the child.
- Nothing precludes the parties or the Bureau of Special Education Appeals from determining that it is appropriate for the child to continue receiving services provided by the Early Intervention program as an interim placement while the dispute over the IEP is being resolved. The school district, not the Department of Public Health, is responsible for the cost of Early Intervention provided to any child over three who is eligible for special education services.

### Services provided by a school district for children turning three by December 1:

- Since federal and state regulations require that services to young children with special needs begin on the child's third birthday, school districts are *encouraged* to enroll children turning three by December 1 in early childhood programs at the opening of school in September to minimize disruptions for children, families and staff during the transition process. If a school district has developed an IEP that indicates placement in one of their existing preschool programs for a child turning three years old in the fall, it might be less disruptive for the teacher, child and family to have the child begin the program with her/his classmates when school opens. When making decisions about children starting school before they turn three years old it is important to consider the individual needs and circumstances related to the child and family.

**Use of diagnostic evaluation. (Chapter 766 Regulations, paragraph 502.9):**

- Diagnostic Evaluation (502.9) may be used for an extended evaluation period when the school district's Evaluation TEAM members believe that the evaluation information is inconclusive and they are unable to develop objectives for the child's IEP. Since young children's development can vary, and diagnostic instruments used for assessing young children can be inadequate and often reveal inconclusive information, it would be appropriate to use a diagnostic evaluation concurrently while completing further assessments. When using a Diagnostic Plan, the evaluation TEAM should follow the procedures described in Chapter 766 Regulations, paragraph (502.9), and specify the questions they are attempting to answer.
- When transitioning young children with special needs from one program to another, a Diagnostic Evaluation (502.9) should be used only when the TEAM determines that there is a need for more information (diagnostic/observational purposes) and not as a general practice.

**Transition of children turning three and time lines to follow:**

- The child must have an IEP implemented on the third birthday regardless of when the referral was received. Therefore, it is essential that Early Intervention programs make referrals early to give school districts ample time to plan and act on the referral received.
- On or about the time of the child's second birthday, the Early Intervention program, with parental consent, shall notify the child's school district of the child's identity and the nature of the program s/he is receiving. At or about the time the child reaches age two years six months, the Early Intervention program, with parental consent, shall refer the child to the school district for evaluation.
- To ensure a smooth and timely transition, it is essential for Early Intervention programs and school districts to begin the referral process early to ensure determination of eligibility for special education services and that the necessary time lines are followed in respect to Chapter 766 Regulations, paragraphs 319 (45 school working days to evaluate the child and develop the IEP) and 325.1 (30 days for the parent to sign the IEP and exercise options).
- The school district's obligations to provide special education to the child begins on the child's third birthday. Therefore if an IEP is completed a few months earlier than a child's third birthday and signed by the parent, the school district may begin to provide services immediately, but it is not required to provide services until the day of the child's third birthday.
- If a child turns three during the summer and the evaluation TEAM has recommended extended school year (summer) services in the IEP, the school district must provide them. Otherwise, the services may be initiated at the beginning of the upcoming school year.

## APPENDIX B

### STEPS TO FOLLOW IN INTERAGENCY PLANNING

Transition planning, which includes both a child's family and sending and receiving agency staff, will:

- Identify tasks necessary to implement transition of the child, agree on who will perform them, and establish time lines.
- Establish procedures and time lines for formal referral of the child to the local school system for initiation of Chapter 766 process.
- Plan for transfer of records and any additional assessments, avoiding unnecessary or duplicative evaluations.
- Agree on pre-placement activities that facilitate direct contact between the child, the parent and the receiving teacher, and that support parents in planning for adjustment to the new setting.
- Pre-placement activities should include:
  - parent visits to possible program options
  - information sharing between teachers in sending and receiving agencies
  - arrangement for parent training (planned jointly by involved agencies)
  - consultations between sending teacher/case manager and family and receiving teacher
- Plan for follow-up activities. Evaluations of the process should be planned and carried out between the family and the agencies involved.

#### Implementation of the Transition Process

Activities formulated in the planning process [e.g., formal information-sharing meetings(s); formal referral to the local school system; scheduled pre-placement activities, and follow-up] will be initiated and carried out through the collaborative and cooperative efforts of the families and agencies involved.



INTERAGENCY AGREEMENT BETWEEN  
THE OFFICE OF CHILD CARE SERVICES AND  
THE DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF PURPOSE

The Office of Child Care Services (OCCS) is mandated to license and regulate child care programs throughout the Commonwealth and to promote the development of programs and services to all children emphasizing programs for children with special needs. G.L. c. 28A, § 4.

The Massachusetts Department of Public Health (DPH) has statutory responsibility for the establishment of a statewide Early Intervention (EI) system and the responsibility for monitoring the effectiveness of this system.

Because OCCS and DPH are mandated to ensure that the children of the Commonwealth have access to services that support the needs of all children, including those with disabilities, OCCS and DPH undertake the following mutual commitment toward maximizing the availability of early intervention services and developmentally sound child care in OCCS licensed facilities.

1. DPH agrees that center-based child group component of EI programs are subject to OCCS licensure and regulations. DPH further agrees that OCCS regulations shall govern the supervision of the center-based child group component; the health and safety standards for the facility, furnishings and equipment; policies addressing the care of children; and the implementation of the early childhood education curriculum.

OCCS agrees to develop licensing guidelines that support DPH contract and operational standards for the effective delivery of early intervention services. OCCS further agrees that DPH contract and operational standards shall govern the administration and delivery of all EI services; development of Individualized Family Service Plans; and Recordkeeping functions.

OCCS and DPH agree, as appropriate, to use variances and waivers as alternative methods of achieving program compliance.

2. OCCS and DPH agree that the administration of the center-based component of all OCCS licensed EI programs shall include a person who is qualified as both a "Lead Teacher" under 102 CMR 7.21(c)(2) and as an "Educator" under Section V of the EI Standards. An administrator who is Director I or Director II qualified under 102 CMR 7.21 may be required as determined by the component's licensed capacity.

3. OCCS and DPH agree, to the extent permitted by law, to share projected visit schedules; conduct joint visits for the purpose of licensing studies and contract monitoring; exchange visit reports, investigation reports, other complaint or investigation materials or other information and make trainings available to agency staff.



4. DPH agrees to provide OCCS with a list of the locations of all contracted EI programs, including satellite sites.

OCCS agrees to provide DPH with a list of all licensed EI facilities.

5. DPH agrees to verify with OCCS that a program has been either licensed or exempted before initiating a contract for a new EI program.

6. OCCS agrees to notify DPH of any corrective or legal action taken against an EI program and its resolution. OCCS further agrees to provide a copy of the legal document(s) to DPH.

DPH agrees to notify OCCS of any comparable action taken against a licensed EI program for failure to comply with its operational standards. DPH further agrees to provide OCCS with documentation relating to the action.

\_\_\_\_\_  
This Agreement may be amended or terminated, with or without cause, by thirty (30) days' written notice by either party.

DEPARTMENT OF PUBLIC HEALTH

OFFICE OF CHILD CARE SERVICES

Howard K. Koh DPH

By: Howard Koh  
Commissioner

11/22/99

Ardith Wieworka

By: Ardith Wieworka  
Commissioner

10/19/99